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Attachment names	Size (Kb)	Document Type
01_Asthma_PCMM_Presentation_-_081804.ppt	574976	Microsoft Powerpoint slide deck

Attached below is the Asthma Presentation that was given at the PCMM. Please let me know if you have any questions.

Dave Elder  
Senior Product Manager, Asthma Marketing

**ADVAIR**  
Dave Elder  
Asthma Marketing

**Opening:**

- Vision (What is your vision for Advair?)

**There are two parts to a vision:**

- Having a vision
- Having confidence in your ability to make the vision a reality

**Having confidence in your ability to make the vision a reality is the hardest part:**

- Maintaining your confidence when you have already achieved great success

**We want to help you maintain, if not increase, your level of confidence in Advair.**

- Reshape your vision
- Share with you the plan to make the vision a reality

## **The Opportunity for ADVAIR**

### **Performance Metrics**

#### **– ADVAIR**

- Sales: \$3.018 Billion
  - 27% Sales Growth (Yr-Yr)
- Rx Volume: 16.9 Million
  - 23% Overall Growth (Yr-Yr)

#### **– Childhood Asthma**

- Sales: \$105 Million Increase from Pediatricians
  - \$30 Million Stretch Goal
- 46% Increase in Pediatrician TRx (Yr-Yr)

#### **Performance metrics:**

- We are all familiar with these numbers
- Advair is now the engine that drives GSK.

## **The Opportunity for ADVAIR**

### **Total Advair**

<b>Sales (\$)</b>	<b>Budget (\$)</b>	<b>% to Budget</b>	<b>% Growth vs. YAG</b>
1,761,139M	1,814,154M	97%	28%

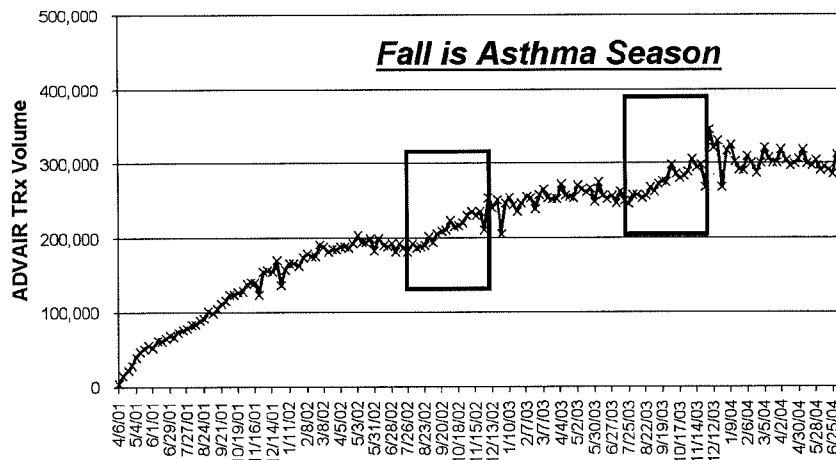
#### **How confident are you?**

- Maintaining your confidence when you have already achieved great success
- Customers telling you that they already prescribe a lot of Advair

## **The Opportunity for ADVAIR**

	Year 2	Year 3	Year 4
Lipitor	193%	50%	30%
Celebrex	39%	6%	-7%
Vioxx	125%	4%	-20%
ADVAIR	97%	33%	23%

## The Opportunity of ADVAIR in Asthma



Source: Verispan SPA

### Why is Fall the season?

- Increase in prescription volume
- Increase in symptoms coincides with increase in prescription volume

**A great Fall will set-up a great Spring**

## **The Asthma Opportunity**

- Realize
  - What are we trying to achieve
- Identify
  - Who are we trying to move
- Attain
  - How are we going to move them
- Maximize
  - Focusing on the plan

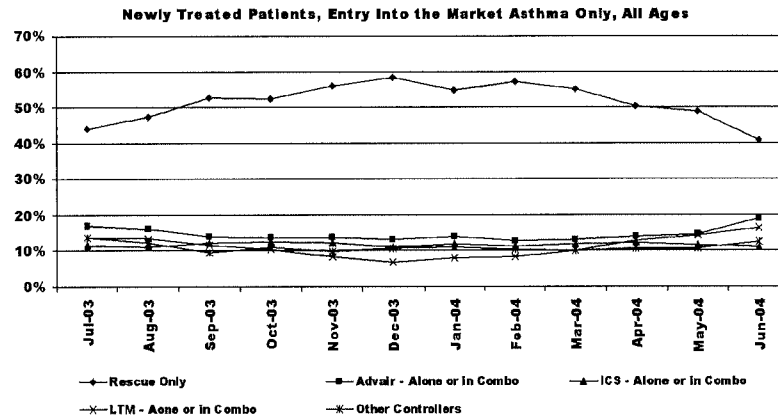
### **Reshaping the vision:**

- Realizing the opportunity. This is about agreeing on what it is that we are trying to achieve.
- Identifying the opportunity. This is about agreeing on who it is that we are going to have to affect in order to realize our vision.

### **Making the vision a reality:**

- Attaining the opportunity. This is about agreeing on how we are going to move these people.
- Maximizing the opportunity. This is about focusing on, and staying true to, the plan we have put together.

## ***Realize the Opportunity of ADVAIR in Asthma***



Source: SDI, June 2004

### **Source of business:**

- Existing patients
- New to asthma therapy
- Very little product switching

### **New to asthma therapy:**

- 40%-60% of patients new to asthma therapy will be put on Rescue-only
- Remainder is equally split among the other products

### **What are we trying to achieve:**

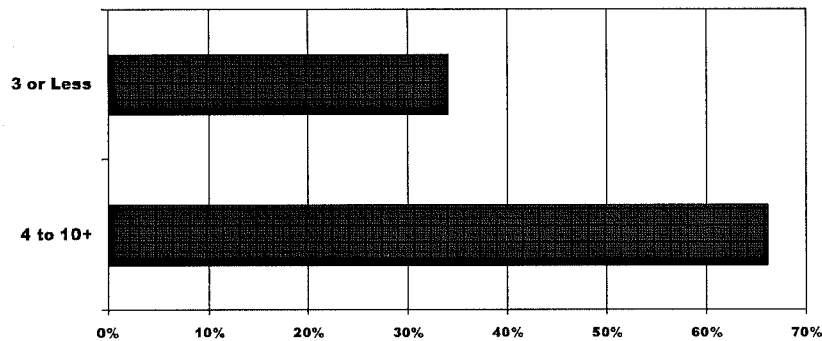
- Realize that one opportunity is in patients new to asthma therapy
- Understand that getting your product on first is the most important thing to do



## **Realize the Opportunity of ADVAIR in Asthma**

Majority of Rescue-Only Patients are Uncontrolled

Rescue Rx's Filled per Rescue-Only Patient per Year



Source: SDI, June 2004

### **Control of Rescue-only patients:**

- Only 1/3 are using 3 or less canisters per year
- 2/3 are having to use 4 or more canisters per year
- 27% are using 10 or more canisters per year

### **Why Rescue-only?**

- Patients have 'mild' symptoms (more seasonal – annoyance)
- Physicians are generally unaware of impact of symptoms
- Goal is to treat symptoms (patients 'get' asthma vs. 'have' asthma)

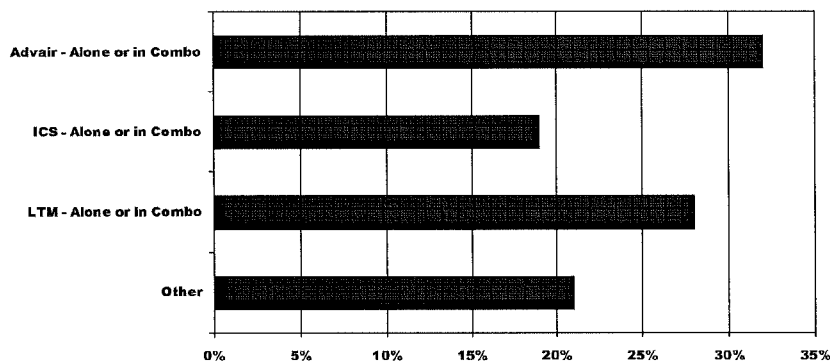
### **What are we trying to achieve:**

- Realize that another opportunity is in Rescue-only patients
- Understand that 2/3 of Rescue-only patients are uncontrolled
- Agree that Advair is an appropriate first choice for these patients

## ***Realize the Opportunity of ADVAIR in Asthma***

2/3 of Patients are Getting Something Other Than ADVAIR

**Asthma Patients New to Controller Therapy, All Ages**



Source: SDI, June 2004

### **Patients on Controllers:**

- 1/3 of patients are getting Advair (why physicians say they prescribe a lot of Advair)
- 2/3 getting something other than Advair (tremendous opportunity)

### **Why Advair?**

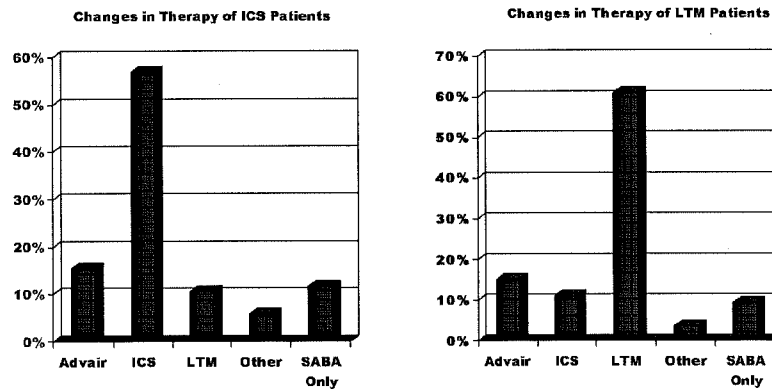
- Patients complain about symptoms
- Physicians are acutely aware of impact of symptoms on patients
- Goal is to prevent events

### **Why not Advair?**

- Patients have 'mild' symptoms (mix of seasonal/year round – hindrance)
- Physicians are generally aware of impact of symptoms on patients
- Can always add/switch to Advair if necessary

# ***Realize the Opportunity of ADVAIR in Asthma***

Majority of Patients Continue on Initial Therapy



Source: SDI, June 2004

## **Do physicians change patients initial therapy?**

- About 60% of patients stay on the product they started on

## **What are we trying to achieve:**

- Realize 2/3 of patients on Controllers are getting something other than Advair
- Realize that there is little switching of patients from their initial therapy
- Understand that getting your product on first is the most important thing to do

## ***Realize the Opportunity of ADVAIR in Asthma***

- Fall is the Season!!!
- It is about Getting ADVAIR on First!!!
  - 50% of Newly Treated Patients Start with Rescue-Only
  - Majority of Patients Continue on Initial Therapy
- The Upside for ADVAIR is BIG!!!
  - Majority of Rescue-Only Patients are Uncontrolled
  - 2/3 or Patients are Getting Something Other than ADVAIR

### **What are we trying to achieve?**

- It is all about getting Advair on first

### **Why Advair first?**

- Majority of Rescue-only patients are uncontrolled (Myth of Mild Asthma)
- Advair is superior to Flovent and Singulair

### **What does this mean to you?**

- Large number of symptomatic patients who would greatly benefit from Advair
- New source of Advair prescriptions (increase in prescription volume)
- More incentive compensation

### **Who are we trying to affect to make this happen?**

- PCPs see the majority of these patients

## ***Identifying the Opportunity for ADVAIR in Asthma***

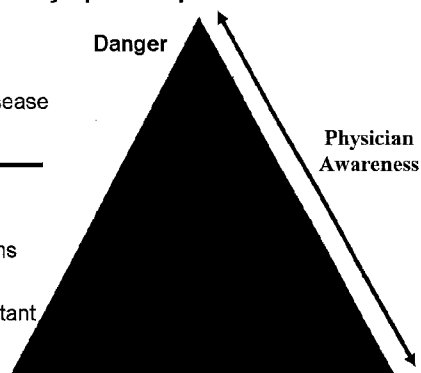
### **Research Learnings**

Patients complain about symptoms  
Physician goal is to prevent events by treating disease  
Product efficacy is most important

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Patients complain less about symptoms  
Patients modify behavior to cope with symptoms  
Physicians treat symptoms  
Product convenience and safety is most important

Symptom Impact on Patients



### **What have we learned about PCPs?**

- Symptoms is what drives PCPs (not Rescue use – look at Rescue-only patients)
- Choice of medication is primarily driven by impact of symptoms on patients

## ***Attaining the Opportunity of ADVAIR in Asthma***

### **Strategic Objectives**

- Establish Earlier Use of ADVAIR in Adults
- Establish Efficacy and Convenience of ADVAIR in Kids

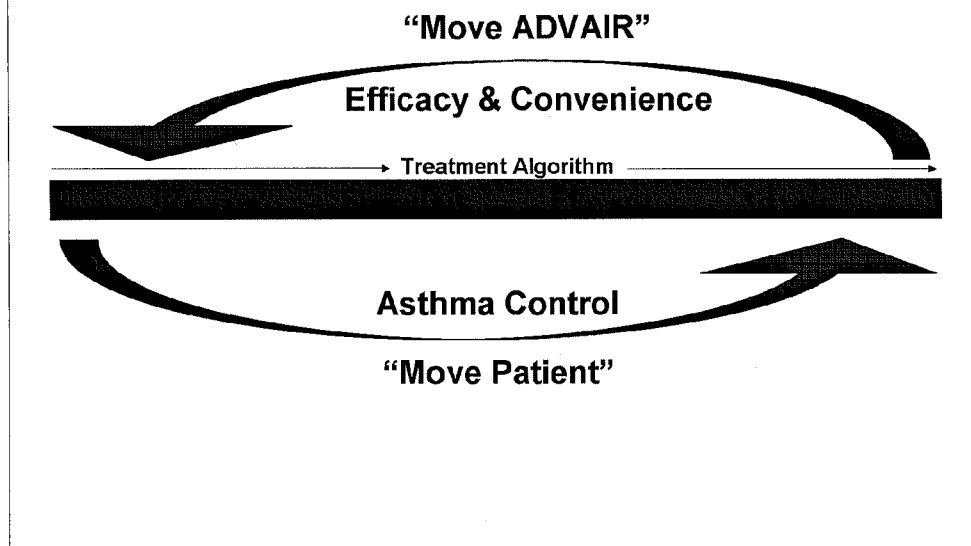
#### **Focus on moving the PCPs:**

- Increase use of Advair as Single Controller

#### **Two ways to move PCPs:**

- Move Advair to the patient
- Move the patient to Advair

## ***Attaining the Opportunity of ADVAIR in Asthma***

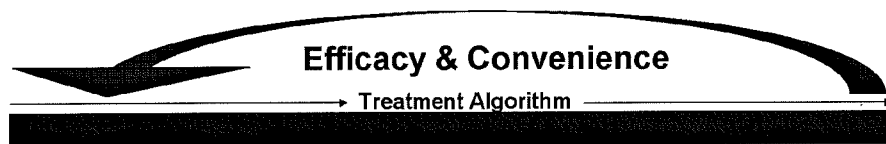


### **Confirmation of promotional strategy:**

- Research with physicians has confirmed that our approach the past two years has been correct
- Research with the Sales Force has confirmed that our mix was wrong

## ***Attaining the Opportunity of ADVAIR in Asthma***

**"Move ADVAIR"**



**When:** When your goal is quick control and prevention of asthma symptoms

**Why:** Advair provides early improvement that is sustained over time

- ADVAIR 'simplifies' asthma management

**How:** Make Advair 100/50 your first choice for patients symptomatic on rescue medication.

### **Lead with Advair:**

- Create the setting (talk about the specific patient type)
- Describe the problem (even these patients experience symptoms and need relief)
- Offer the solution (share how Advair is the appropriate first choice for these patients)

### **Handling the common objection:**

- Understand why the physician is giving the objection (Advair superiority data)
- Separate the two patient types (new to controller therapy – switch patients)
- Stay focused on the new to asthma therapy and/or Rescue-only patients



## ***Attaining the Opportunity of ADVAIR in Asthma***

### **Message Testing Research Study**

- “Quick and Sustained Control” was the most compelling message
  - Caused physicians to think about prescribing ADVAIR for a broader range of patients
  - Many physicians mentioned they did not realize ADVAIR worked as rapidly as stated
  - Physicians inferred that the addition of salmeterol allowed ADVAIR to gain control of symptoms quickly
  - Increase in symptom-free days was the goal physicians wanted to achieve for their patients
- Affirmed at PCP National Advisory Board

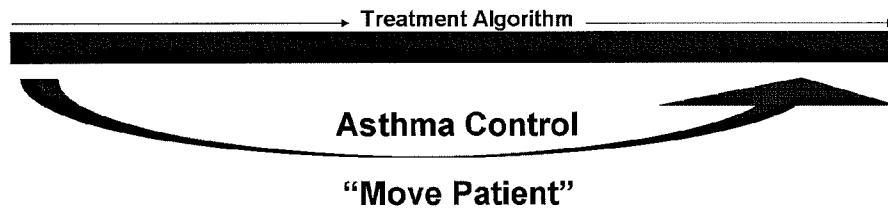
### **Why will this approach work?**

- Extensive research with physicians
- Goals of research (ability to reach patients not on Advair)
- Involvement of large number of people across multiple disciplines

### **What have we learned?**

- “Quick and compelling” was the best way to move the PCPs
- Affirmed at PCP National Advisory Board

## ***Attaining the Opportunity of ADVAIR in Asthma***



### **Objection Handler Sell Sheets for Adult Asthma**

- Variability & Unpredictability (Calhoun & Dorinsky)
- Asthma Control (Fuhlbrigge & Stempel)
- Safety Profile (Prescribing Information)
- Refill Persistence (Stoloff)

#### **Move patient to Advair:**

- Stay focused on new to therapy or Rescue-only patients (little switching)
- Understand what the physician is saying (Advair adds nothing)
- Use Objection Handler Sell Sheets (pick one)
- Gives them another reason to start on Advair (not switch patients)

## ***Attaining the Opportunity of ADVAIR in Childhood Asthma***

**When:** When your goal is control and prevention of asthma symptoms.

**Why:** Advair provides improvement that is sustained over time.

- Advair provides 90% increase in symptom-free days vs. FP (Kavuru)
- Advair provides 60% reduction in Rescue use vs. FP (Kavuru)
- Advair provides improvement in lung function vs. Baseline (30031 and Van den Berg)
- Children 4 years of age and older have the inspiratory flow necessary to use the Diskus device

**How:** Make Advair 100/50 your choice for patients symptomatic on an ICS.

Childhood Asthma Campaign:

- Keep doing what you are doing – it is working

## ***Attaining the Opportunity of ADVAIR in Childhood Asthma***

### **Childhood Asthma Message Tracking Study**

- 95% remembered being detailed on ADVAIR
  - Goal was 90%
- Unaided message recall is good
  - 71% remembered efficacy message
  - 53% remembered the indication
- 56% said they would increase their prescribing of ADVAIR
  - 49% of Pediatricians
  - 82% of PED-Like PCPs

### **What have we learned?**

- 95% of targets remembered being detailed (above goal – outstanding)
- Unaided message recall is really good
- Indications are that prescribing of Advair will increase

### **Next steps:**

- Fall is even bigger in Pediatricians
- Stay the course (general direction)
- Improve detailing efforts to targets

## ***Maximizing the Opportunity of ADVAIR in Asthma***

### **Promotional Materials**

- Adult Asthma
  - Core Sales Aid, Objection Handlers, Sell Sheet, File Card
  - Reprints: Calhoun and Fuhlbrigge
  - on the Go Program Brochures
- Childhood Asthma
  - Core Sales Aid, Sell Sheet, Leave Behind
  - Promise Program Patient Brochures
  - Reprints: Kavuru, Van den Berg and Allen

### **Promotional Programs**

- Asthma & Allergic Rhinitis Case-Based CD-ROM
  - Faculty-Led Video Conference (Main Presentation)
  - Faculty-Led Video “Quick Hits” (Objection Handlers)
  - Three (3) Case-Based Slide Presentations

### **New Asthma Sales Aid:**

- Will review in workshop

### **Case-Based CD-ROM:**

- Review components

## ***Maximizing the Opportunity of ADVAIR in Asthma***

### **Program Delivery Expectations**

- Asthma & Allergic Rhinitis Case-Based CD-ROM
  - 35 physicians per TBU
    - Adult & Childhood Asthma
    - Rep Delivered In-Office Program
      - » Faculty-Led Video Conference (Main Presentation)
      - » Rep Led Case-Based Presentation
    - Physician-to-Physician Program
      - » Live Physician Led Case-Based Presentation

### **Deliverables in Semester II:**

- 35 “touches” per TBU (agreed upon with the MDMs)

## ***Maximizing the Opportunity of ADVAIR***

- Lead with strong detail that positions Advair as the “First Choice”.
  - Started Working as Early as Day One
  - Helped Maintain Symptom Control Over Time
- Use available tools to handle objections
  - Objection Handler Sell Sheets
  - Faculty-Led “Quick Hit” Videos
- Deliver on Program Expectations
  - 35 Physicians per TBU

### **Reshaping the vision:**

- New to therapy and Rescue-only patients (these patients have symptoms)
- It is all about getting Advair on first (even the patients with more seasonal symptoms)

### **Making the vision a reality:**

- It will take everyone in order to maximize our opportunity (cannot do it alone)